

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000099766

Entity Name: OLD NAPLES HOTEL MANAGEMENT LLC**Current Principal Place of Business:**1001 EAST ATLANTIC AVENUE
SUITE 202
DELRAY BEACH, FL 33483**Current Mailing Address:**1001 EAST ATLANTIC AVENUE
SUITE 202
DELRAY BEACH, FL 33483 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRITCHFIELD, RICHARD H
1001 EAST ATLANTIC AVENUE
SUITE 201
DELRAY BEACH, FL 33483 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGR
Name	WALSH, MARK
Address	1001 EAST ATLANTIC AVENUE, SUITE 202
City-State-Zip:	DELRAY BEACH FL 33483

Title	MGR
Name	WALSH, MICHAEL
Address	1001 EAST ATLANTIC AVENUE, SUITE 202
City-State-Zip:	DELRAY BEACH FL 33483

Title	MGR
Name	WALSH, WILLIAM
Address	1001 EAST ATLANTIC AVENUE, SUITE 202
City-State-Zip:	DELRAY BEACH FL 33483

Title	MGR
Name	ADE, RICHARD C
Address	1000 MARKET STREET, SUITE 300
City-State-Zip:	PORTSMOUTH NH 03801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD C. ADE**MANAGER****03/01/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date